

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Paul Moss Insurance Agency, LLC  
 d/b/a Equip Insurance Agency  
 c/o Registered Agent Solutions, Inc.  
 4568 Mayfield Rd., Suite 204  
 Cleveland, Ohio 44121



9590 9402 2781 6351 7512 57

2. Article Number (Transfer from service label)  
 7016 1970 0001 0508 4124

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Mike A. Russo*
☒ Agent  
☐ Addressee

B. Received by (Printed Name)

*Mike A. Russo*

C. Date of Delivery

*12-15-22*

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☒ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

*22CV2226*

USPS TRACKING#



9590 9402 2781 6351 7512 57

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

United States  
 Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

U.S.D.C. Northern District of Ohio  
 Carl B. Stokes Courthouse  
 801 West Superior Avenue  
 Cleveland, Ohio 44113-1830

*1:22-2226*